



## Instructions for the Arbitration Request for Compensation Form

1. **HEADING:** Enter the case name and cause number
2. **RESOLUTION:** Select which box applies – Arbitration completed by settlement or an arbitration award and make sure that all the appropriate documents have been filed.
  - a. Settlement
    - i. Notice of Settlement
    - ii. signed Order of Dismissal
  - b. Full Arbitration
    - i. Arbitration Award
3. **HOURS:** Please enter the total number of hours worked in the proper categories. Any additional itemized breakdown may be submitted as an additional attachment but should not take the place of this timesheet.
4. **COSTS:** If there are any costs, enter the total on the form. An invoice must be submitted with this form. For costs exceeding \$10 prior approval must be obtained from the Civil Arbitration Supervisor.
5. **COMPENSATION:** The State of Washington pays half of all Arbitrator compensation. Please circle Yes if you will accept the state half only. Otherwise, circle No.
6. **PAYMENT INFORMATION:** Please fill out the box labeled “Make Check Payable to” with your name, address, and tax ID number. Make sure to check the appropriate attorney or retired judge box.
7. **DO NOT FILL OUT SHADED AREA**

DO NOT E-FILE THIS FORM WITH THE CLERK’S OFFICE IN THE CASE FILE.

**PLEASE EMAIL THE FORM TO: [SCARBITRATION@KINGCOUNTY.GOV](mailto:SCARBITRATION@KINGCOUNTY.GOV);**  
**OR FAX IT TO: 206-205-0545**

If you are unable to email or fax this form you may mail it to:

Arbitration Department  
King County Superior Court  
Mailstop KCC-SC-C203  
516 THIRD AVE  
SEATTLE, WA 98104

If you have questions please contact the Arbitration Department

Email: [SCARBITRATION@KINGCOUNTY.GOV](mailto:SCARBITRATION@KINGCOUNTY.GOV)

Phone: (206) 477-2460